Case 16-81965 Doc 1 Filed 08/17/16 Entered 08/17/16 11:42:43 Desc Main

| Fill in this information to identify your case: | |
|--|--|
| United States Bankruptcy Court for the: Northern District Of Illinois | _ |
| Case number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: | Identify | Yourself |
|---------|----------|----------|
| | | |

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|--|---|---|
| 1. Your full name | | |
| Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Wayne First name R. Middle name Baxter Last name Suffix (Sr., Jr., II, III) | Kendall First name J. Middle name Baxter Last name Suffix (Sr., Jr., II, III) |
| All other names you have used in the last 8 years | First name | First name |
| Include your married or maiden names. | Middle name | Middle name |
| | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| | | |
| 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx - xx - <u>3</u> <u>6</u> <u>9</u> <u>7</u> OR 9 xx - xx | xxx - xx - <u>9</u> <u>9</u> <u>8</u> <u>7</u> OR 9 xx - xx |

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Debtor 1

Wayne R. Baxter

| Name | Middle Name | Last I |
|------|-------------|--------|
| | | |

Case number (if known)_____

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in | ☑ I have not used any business names or EINs. | ☑ I have not used any business names or EINs. |
| | the last 8 years | Business name | Business name |
| | Include trade names and | | |
| | doing business as names | Business name | Business name |
| | | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 120 Liberty Blvd | |
| | | Number Street | Number Street |
| | | | |
| | | Machesney Park IL 61115 | |
| | | City State ZIP Code | City State ZIP Code |
| | | WINNEBAGO | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number Street | Number Street |
| | | | |
| | | P.O. Box | P.O. Box |
| | | City State ZIP Code | City State ZIP Code |
| 6. | Why you are choosing | Check one: | Check one: |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |
| | | | |
| | | | |

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Debtor 1

Wayne R. Baxter

| Name | Middle Name | Li |
|------|-------------|----|
| | | |

ast Name

Case number (if known)_____

| Pa | Tell the Court Abou | ıt Your B | ankrup | etcy Case | | | | |
|-----|--|--|------------------------------|---|---------------|--|---|--|
| 7. | The chapter of the Bankruptcy Code you | | | a brief description of each, see a Form B2010)). Also, go to the top | | | U.S.C. § 342(b) for Individuals Filing the appropriate box. | |
| | are choosing to file under | ☐ Chap | | | | | | |
| | under | ☐ Chap | ter 11 | | | | | |
| | | ☐ Chap | ter 12 | | | | | |
| | | | oter 13 | | | | | |
| 8. | How you will pay the fee | local your subn | court for self, you | or more details about how you may pay with cash, cashie | ou m r's c | ay pay. Typicall heck, or money | | |
| | | | - | ay the fee in installments. | • | • | | |
| | | Аррі | ication | for Individuals to Pay Your F | iling | i Fee in Installme | ents (Official Form 103A). | |
| | | By la less pay | w, a ju than 15 he fee | dge may, but is not required 50% of the official poverty line | to, ve thate | vaive your fee, a at applies to you is option, you m | on only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i> with your petition. | |
| 9. | Have you filed for | ĭ No | | | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | District | W | hen | | Case number | |
| | | | District | \W | hen | MM / DD / YYYY | Case number | |
| | | | | | | MM / DD / YYYY | | |
| | | | District | W | hen | MM / DD / YYYY | Case number | |
| 10 | Are any bankruptcy | | | | | | | |
| 10. | cases pending or being | No No | Debtor | | | | Relationship to you | |
| | filed by a spouse who is not filing this case with | — 163. | | | | | Case number, if known | |
| | you, or by a business partner, or by an affiliate? | | 2.0 | · | | MM / DD / YYYY | | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | w | hen | MM / DD / YYYY | Case number, if known | |
| 11. | Do you rent your residence? | ĭ No. ☐ Yes. | resider No. | our landlord obtained an eviction nce? Go to line 12. Fill out <i>Initial Statement About</i> | | | and do you want to stay in your Against You (Form 101A) and file it with | |
| | | | this | s bankruptcy petition. | | | | |

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Debtor 1 Wayne R. Baxter Case number (if known) Case number (if known)

| Are you a sole proprietor | 🗵 No. | Go to Part 4. | | | | |
|--|-------|---|------------------------------|---------------|----------|--|
| of any full- or part-time business? | ☐ Yes | . Name and location of bu | siness | | | |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or | | Name of business, if any Number Street | | | | |
| LLC. If you have more than one | | | | | | |
| sole proprietorship, use a separate sheet and attach it | | | | | | |
| to this petition. | | City | | State | ZIP Code | |
| | | Check the appropriate be | ox to describe your busines | ss: | | |
| | | ☐ Health Care Busines | s (as defined in 11 U.S.C. § | § 101(27A)) | | |
| | | ☐ Single Asset Real Es | state (as defined in 11 U.S. | C. § 101(51B) |) | |
| | | ☐ Stockbroker (as defin | ned in 11 U.S.C. § 101(53A | .)) | | |
| | | ☐ Commodity Broker (a | as defined in 11 U.S.C. § 10 | 01(6)) | | |
| | | ☐ None of the above | | | | |
| 11 U.S.C. § 101(51D). | | Bankruptcy Code. | r 11 and I am a small busing | | | |
| Do you own or have any | ĭ No | | | | | |
| | | | | | | |
| property that poses or is alleged to pose a threat | ☐ Yes | . What is the hazard? | | | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any | ☐ Yes | | | | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? | ☐ Yes | | s needed, why is it needed' | ? | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs | ☐ Yes | | s needed, why is it needed | ? | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | ☐ Yes | | | ? | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | ☐ Yes | If immediate attention is | | ? | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | ☐ Yes | If immediate attention is | | ? | | |

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Debtor 1 Way

Wayne R. Baxter

st Name Middle Name

Last Name

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing | about |
|---|-------|
| credit counseling because of: | |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing a | bout |
|---|------|
| credit counseling because of: | |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 W

Wayne R. Baxter

Name Middle Name Last Name

Case number (if known)_____

| Pa | art 6: Answer These Ques | stions for Reporting Purposes | | |
|-----|--|--|---|--|
| 16. | What kind of debts do you have? | as "incurred by an individual pr | consumer debts? Consumer of imarily for a personal, family, or h | debts are defined in 11 U.S.C. § 101(8) nousehold purpose." |
| | | ☑ No. Go to line 16b.☑ Yes. Go to line 17. | | |
| | | | business debts? Business deament or through the operation of | bts are debts that you incurred to obtain the business or investment. |
| | | □ No. Go to line 16c.□ Yes. Go to line 17. | | |
| | | 16c. State the type of debts you own | e that are not consumer debts or | business debts. |
| 17. | Are you filing under Chapter 7? | ■ No. I am not filing under Chapte | er 7. Go to line 18. | |
| | Do you estimate that after any exempt property is | Yes. I am filing under Chapter 7 administrative expenses ar | . Do you estimate that after any e e paid that funds will be available | exempt property is excluded and to distribute to unsecured creditors? |
| | excluded and administrative expenses | ☐ No | | |
| | are paid that funds will be available for distribution to unsecured creditors? | ☐ Yes | | |
| 18. | How many creditors do | △ 1-49 | 1,000-5,000 | 25,001-50,000 |
| | you estimate that you owe? | □ 50-99 □ 100-199 | ☐ 5,001-10,000 ☐ 10,001-25,000 | ☐ 50,001-100,000 ☐ More than 100,000 |
| | | 200-999 | 10,001 20,000 | — More than 100,000 |
| 19. | How much do you | \$0-\$50,000 | □ \$1,000,001-\$10 million | □ \$500,000,001-\$1 billion |
| | estimate your assets to be worth? | \$50,001-\$100,000 \$100,001-\$500,000 | □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million | □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion |
| | | □ \$500,001-\$1 million | □ \$100,000,001-\$500 million | ☐ More than \$50 billion |
| 20. | How much do you | \$0-\$50,000 | ☐ \$1,000,001-\$10 million | □ \$500,000,001-\$1 billion |
| | estimate your liabilities to be? | \$50,001-\$100,000 | \$10,000,001-\$50 million | \$1,000,000,001-\$10 billion |
| | to be: | \$100,001-\$500,000 \$500,001-\$1 million | □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million | ☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion |
| Pa | rt 7: Sign Below | <u> </u> | <u> </u> | |
| Fo | or you | I have examined this petition, and I correct. | declare under penalty of perjury t | hat the information provided is true and |
| | | | | ed, if eligible, under Chapter 7, 11,12, or 13 r each chapter, and I choose to proceed |
| | | If no attorney represents me and I d this document, I have obtained and | , , , , | one who is not an attorney to help me fill out S.C. § 342(b). |
| | | I request relief in accordance with the | ne chapter of title 11, United State | es Code, specified in this petition. |
| | | I understand making a false stateme with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and | fines up to \$250,000, or imprisor | ning money or property by fraud in connection nment for up to 20 years, or both. |
| | | ★ s/Wayne R. Baxter | ★ _{s/Ke} | ndall J. Baxter |
| | | Signature of Debtor 1 | | ature of Debtor 2 |
| | | Executed on 08/17/2016 MM / DD / YYYY | | uted on <u>08/17/2016</u> MM / DD / YYYY |

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| I, the attorney for the debtor(s) named in this petition, dec to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligit the notice required by 11 U.S.C. § 342(b) and, in a case in knowledge after an inquiry that the information in the schedy an attorney, you do not need to file this page. **S/Laura L. McGarragan** Signature of Attorney for Debtor **Laura L McGarragan** Printed name **McGarragan Law Corp.* **Firm name** 1004 N. Main Street* Number Street* | ed States Code, and ble. I also certify the n which § 707(b)(4) | d have explained the relief at I have delivered to the debtor(s) |
|--|---|--|
| to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligible to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligible to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligible to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligible to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligible to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligible to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligible to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligible to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligible to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligible to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligible to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligible to proceed under Chapter 7, 11, 12, or 13 of title 11, Unite available under each chapter for which the person is eligible to proceed under Chapter for which the person is eligible to proceed under Chapter for which the person is eligible to proceed under Chapter for which the person is eligible to proceed under Chapter for which the person is eligible to proceed under Chapter for which the person is eligible to proceed under Chapter for which the person is eligible to proceed under Chapter for which the person is eligible to proceed under Chapter for which the pe | ed States Code, and ble. I also certify the n which § 707(b)(4) | d have explained the relief at I have delivered to the debtor(s) |
| knowledge after an inquiry that the information in the scheduled to file this page. knowledge after an inquiry that the information in the scheduled to file this page. knowledge after an inquiry that the information in the scheduled to file this page. knowledge after an inquiry that the information in the scheduled to file this page. knowledge after an inquiry that the information in the scheduled to file this page. knowledge after an inquiry that the information in the scheduled to file this page. | | (=) applies, sering marriars no |
| S/Laura L. McGarragan Signature of Attorney for Debtor Laura L McGarragan Printed name McGarragan Law Corp. Firm name 1004 N. Main Street | edules liled with the | petition is incorrect. |
| Laura L McGarragan Printed name McGarragan Law Corp. Firm name 1004 N. Main Street | Date | 08/17/2016 |
| Printed name McGarragan Law Corp. Firm name 1004 N. Main Street | | MM / DD /YYYY |
| Rockford | | 61103 |
| City | State | ZIP Code |
| Contact phone (815) 961-1111 | _ | Laura@McGarraganLaw.com |
| 6199753 | <u> L</u> | |
| Bar number | State | |

Debtor 1

| Fill in this information to identify your case and this filing: | | | | |
|---|----------------------|------------|-----------------|-------------------|
| Debtor 1 | Wayne First Name | R. | Ba) e Name | Kter Last Name |
| Debtor 2 | Kendall | J. | Ba | xter |
| (Spouse, if filing) | First Name | Middl | e Name | Last Name |
| United States Case number | Bankruptcy Court for | the: North | ern District of | Illinois |
| | | | | |

Official Form 106A/B

Schedule A/B: Property

12/15

☐ Check if this is an amended filing

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

| | o. Go to Part 2. es. Where is the property? | | | |
|-------------|---|---|--|---|
| | 120 Liberty Blvd Street address, if available, or other description | What is the property? Check all that apply.☒ Single-family home☐ Duplex or multi-unit building | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | |
| | Street address, if available, or other description | Condominium or cooperativeManufactured or mobile home | Current value of the entire property? | Current value of t portion you own? |
| | | - 🗖 Land | \$73,610.00 | \$73,610.00 |
| | SeeIllinois61115CityStateZIP Code | ☐ Investment property ☐ Timeshare ☐ Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | | Who has an interest in the property? Check one. Debtor 1 only | Fee Simple Owne | rship |
| | Winnebago County | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Other information you wish to add about this ite | | ommunity property |
| | | property identification number: | | |
| you 1.2. | own or have more than one, list here: Street address if available or other description | what is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured class the amount of any secure Creditors Who Have Claim | ed claims on <i>Schedule D</i> |
| - | own or have more than one, list here: Street address, if available, or other description | What is the property? Check all that apply. ☐ Single-family home | Do not deduct secured clathe amount of any secure | d claims on Schedule D ms Secured by Property |
| - | | What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative | Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the | d claims on Schedule D ms Secured by Property Current value of tl |
| - | | What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home | Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the | d claims on Schedule Dems Secured by Property Current value of the portion you own? \$ |
| - | Street address, if available, or other description | What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ | c claims on Schedule Lems Secured by Property Current value of t portion you own? \$ |
| - | Street address, if available, or other description City State ZIP Code | What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ | c claims on Schedule Lems Secured by Property Current value of t portion you own? \$ |
| - | Street address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ | d claims on Schedule Ims Secured by Property Current value of t portion you own? \$ of your ownership simple, tenancy by e estate), if known. |

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| 1.3 | Street address, if available City County | State ZIP Code | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number: | Describe the nature of interest (such as fee the entireties, or a life. Check if this is considered (see instructions) | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ of your ownership simple, tenancy by e estate), if known. |
|--|--|---|--|---|---|
| | | | Il of your entries from Part 1, including any entries | s for pages | \$73,610.00 |
| | | | | | |
| you own | own, lease, or have leg n that someone else drive s, vans, trucks, tractors | al or equitable interess. If you lease a vehicle | st in any vehicles, whether they are registered or le, also report it on Schedule G: Executory Contracts or motorcycles | • | S |
| Do you you own | own, lease, or have leg n that someone else drive s, vans, trucks, tractors No Yes Make: | al or equitable interests. If you lease a vehicles, sport utility vehicles | le, also report it on Schedule G: Executory Contracts of s, motorcycles Who has an interest in the property? Check one. | and Unexpired Leases. Do not deduct secured clathe amount of any secure. | aims or exemptions. Put d claims on <i>Schedule D:</i> |
| Do you you own 3. Cars | own, lease, or have legate that someone else drivens, vans, trucks, tractors. No Yes Make: Model: Year: Approximate mileage: | al or equitable interests. If you lease a vehicles, sport utility vehicles | le, also report it on Schedule G: Executory Contracts of the second of t | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of the portion you own? |
| Do you you own 3. Cars | own, lease, or have leg in that someone else drive s, vans, trucks, tractors No Yes Make: Model: Year: | al or equitable interests. If you lease a vehiclest, sport utility vehicles GMC Envoy 2004 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair | aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of the |
| Do you you own 3. Cars \[\text{\ti}\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\texit}\text{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\tetitx}\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\titit}}\\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi | own, lease, or have legate that someone else drivens, vans, trucks, tractors. No Yes Make: Model: Year: Approximate mileage: Other information: | al or equitable interests. If you lease a vehicles, sport utility vehicles GMC Envoy 2004 150000 | Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ 4,000.00 |
| Do you you own 3. Cars 3.1. | own, lease, or have legate that someone else drivens, vans, trucks, tractors. No Yes Make: Model: Year: Approximate mileage: Other information: | al or equitable interess. If you lease a vehicles, sport utility vehicles GMC Envoy 2004 150000 one, describe here: | Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 4,000.00 | aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$4,000.00 |

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| 3.3. | Make: Model: | Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured cla the amount of any secured Creditors Who Have Claim | d claims on Schedule D: |
|------------|---|--|--|--|
| | Year: | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | At least one of the debtors and another | | |
| | Other Information. | ☐ Check if this is community property (see instructions) | \$ | \$ |
| 3.4. | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | |
| | Model: | Debtor 1 only | Creditors Who Have Clair | |
| | Year: | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | At least one of the debtors and another | | |
| | Cities information. | ☐ Check if this is community property (see instructions) | \$ | \$ |
| 山 Y | | Who has an interest in the property? Check one | Do not dodo i | |
| 4.1. | Make: Model: Year: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? | d claims on Schedule D: |
| 4.1. | Make: Model: Year: Other information: Jown or have more than one, list here | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | the amount of any securer Creditors Who Have Claim Current value of the entire property? \$ | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ |
| 4.1. | Make: Model: Year: Other information: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | the amount of any secured Creditors Who Have Claim Current value of the entire property? | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ |
| 4.1. | Make: Model: Year: Other information: Jown or have more than one, list here | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured claim the amount of any secured Creditors Who Have Claim | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ |
| 4.1. | Make: Model: Year: Other information: own or have more than one, list here Make: Model: Year: Year: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured claim the amount of any secured Creditors Who Have Claim Current value of the | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ ims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the |

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Part 3: **Describe Your Personal and Household Items**

| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|---|--|
| 6. Household goods and furnishings | |
| Examples: Major appliances, furniture, linens, china, kitchenware | |
| □ No | |
| Yes. Describe Furniture | \$ <u>1,500.00</u> |
| 7. Electronics | |
| Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners collections; electronic devices including cell phones, cameras, media players, games | s; music |
| ☐ No ☐ Yes. DescribeElectronics | \$ <u>5</u> 00.00 |
| 8. Collectibles of value | |
| | |
| Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No | |
| Yes. Describe | \$ |
| 9. Equipment for sports and hobbies | |
| Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis and kayaks; carpentry tools; musical instruments | ; canoes |
| ⊠ No | |
| Yes. Describe | \$ |
| 10. Firearms | |
| Examples: Pistols, rifles, shotguns, ammunition, and related equipment | |
| ⊠ No | |
| Yes. Describe | \$ |
| 11. Clothes | |
| Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No | |
| Yes. Describe | \$2,000.00 |
| | φ <u>=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| 12. Jewelry | |
| Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gold, silver | gems, |
| ☑ No☑ Yes. Describe | \$ |
| 13. Non-farm animals | |
| Examples: Dogs, cats, birds, horses No | |
| Yes. Describe | \$ |
| 14. Any other personal and household items you did not already list, including any health aids you did not | ot list |
| ∑ No | |
| Yes. Give specific information | \$ |
| 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attach | _ ψ 1,000100 |
| for Part 3. Write that number here | 7 |

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 First Name
 Middle Name
 Last Name

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Part 4:

Describe Your Financial Assets

| Do you own | n or have any l | egal or equitable interest in a | any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|------------------------------------|------------------|--|--|--|
| 16. Cash <i>Example</i> | es: Money you h | ave in your wallet, in your hom | e, in a safe deposit box, and on hand when you file your petition | |
| ☐ No ☑ Yes | | | | \$ <u>25.00</u> |
| 17. Deposits <i>Example</i> | s: Checking, sa | | nts; certificates of deposit; shares in credit unions, brokerage hou ultiple accounts with the same institution, list each. | uses, |
| ☐ No ☑ Yes | | miai insuluions. Il you have mi | Institution name: | |
| | | 17.1. Checking account: | Alpine Bank | \$100.00 |
| | | 17.2. Checking account: | | \$ |
| | | 17.3. Savings account: | | \$ |
| | | 17.4. Savings account: | | \$ |
| | | 17.5. Certificates of deposit: | | |
| | | 17.6. Other financial account: | | \$ |
| | | 17.7. Other financial account: | | \$ |
| | | 17.8. Other financial account: | | \$ |
| | | 17.9. Other financial account: | | \$ |
| Examples No | s: Bond funds, i | or publicly traded stocks nvestment accounts with broke | erage firms, money market accounts | |
| ☐ Yes | | Institution or issuer name: | | |
| | | | | • |
| | | | | |
| | | | | 4 |
| | | ock and interests in incorpor nd joint venture | ated and unincorporated businesses, including an interest in | n |
| ☑ No | Give specific | Name of entity: | % of ownership: | |
| inform | nation about | | % | \$ |
| tnem. | | | % | \$ \$ |
| | | | | Ψ |
| | | | | |

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Doc 1 Filed 08/17/16 Entered 00/11/10 _____ Baxter Document Page 13 of @number (if known)_____ 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☑ No ☐ Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately.. Type of account: Institution name: \$45,000.00 ITW Shakeproof 401(k) or similar plan: **Empower Retirement** \$45,000.00 Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☑ No ☐ Yes..... Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: _ Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No. ☐ Yes...... Issuer name and description:

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 First Name
 Middle Name
 Last Name

| 26 U.S.C. §§ 530(b)(1), 529A(| A, in an account in a qualified ABLE program, or under a qualified stat (b), and 529(b)(1). | e tutton program. | |
|---|---|---|---|
| ☑ No☑ Yes | Institution name and description. Separately file the records of any interes | ete 11 I I S C & 521(a) | |
| | institution name and description. Separately life the records of any interes | sis.11 0.3.0. § 321(c) | • |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 25. Trusts, equitable or future in exercisable for your benefit | nterests in property (other than anything listed in line 1), and rights or | powers | |
| ĭ No | | | |
| ☐ Yes. Give specific information about them | | | \$ |
| | arks, trade secrets, and other intellectual property ames, websites, proceeds from royalties and licensing agreements | | |
| ☑ No | | | |
| Yes. Give specific information about them | | | \$ |
| 07 Linemana franchises and at | they general intensibles | | • |
| Licenses, franchises, and of Examples: Building permits, e | ther general intangibles xclusive licenses, cooperative association holdings, liquor licenses, profess | sional licenses | |
| . □ No | | | |
| ☐ Yes. Give specific | | | |
| information about them | | | \$ |
| | ,2 | | |
| Money or property owed to you | 11 | | Current value of the portion you own? Do not deduct secured claims or expendions |
| | 11 | | portion you own? |
| 28. Tax refunds owed to you | | | portion you own? Do not deduct secured |
| 28. Tax refunds owed to you No | | | portion you own? Do not deduct secured |
| 28. Tax refunds owed to you No Yes. Give specific informa about them, including | ition g whether | Federal: \$ | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific informa | tion g whether returns | State: \$ | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you No Yes. Give specific informa about them, including you already filed the | tion g whether returns | | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you No Yes. Give specific informa about them, including you already filed the and the tax years | tion g whether returns | State: \$ | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you No Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s | tion g whether returns | State: \$ Local: \$ | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump so | tion g whether returns | State: \$ Local: \$ | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you No Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s | tion g whether returnssum alimony, spousal support, child support, maintenance, divorce settleme | State: \$ Local: \$ | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump so | tion g whether returns | State: \$ Local: \$ ent, property settlement Alimony: Maintenance: | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump so | tion g whether returns | State: \$ Local: \$ ent, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s ☑ No | tion g whether returns | State: \$ Local: \$ ent, property settlement Alimony: Maintenance: Support: Divorce settlement: | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s ☑ No | tion g whether returns | State: \$ Local: \$ ent, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you No Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump so No Yes. Give specific informations. 30. Other amounts someone owe Examples: Unpaid wages, dis Social Security between the source of the sour | tion g whether returnssum alimony, spousal support, child support, maintenance, divorce settleme | State: \$ Local: \$ ent, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you □ No □ Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s □ No □ Yes. Give specific informa 30. Other amounts someone ow Examples: Unpaid wages, dis Social Security ber | tion g whether returns | State: \$ Local: \$ ent, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you No Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump so No Yes. Give specific informations. 30. Other amounts someone owe Examples: Unpaid wages, dis Social Security between the source of the sour | tion g whether returns | State: \$ Local: \$ ent, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. |

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| | erests in insurance policies amples: Health, disability, or life insuran | ce; health savings account (HSA |); credit, homeowner's, or renter's insurance | |
|---------------|---|-----------------------------------|---|---|
| X | No | | | |
| | Yes. Name the insurance company of each policy and list its value | Company name: | Beneficiary: | Surrender or refund value: |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 32 An | y interest in property that is due you | from someone who has died | | |
| If y | | | nce policy, or are currently entitled to receive | |
| | Yes. Give specific information | | | |
| | | | | \$ |
| Ex. | aims against third parties, whether or amples: Accidents, employment dispute No Yes. Describe each claim | - | | |
| | | | | \$ |
| to | ner contingent and unliquidated claim set off claims No | ns of every nature, including co | ounterclaims of the debtor and rights | |
| | Yes. Describe each claim | | | |
| | L | | | \$ |
| | y financial assets you did not already No | / list | | |
| | Yes. Give specific information | | | \$ |
| | | | | |
| | d the dollar value of all of your entrie Part 4. Write that number here | | tries for pages you have attached | \$ <u>90,125.00</u> |
| | | | | |
| Part | 5: Describe Any Business-I | Related Property You Ov | vn or Have an Interest In. List any | real estate in Part 1. |
| 37. Do | you own or have any legal or equitab | ole interest in any business-rela | ated property? | |
| | No. Go to Part 6. | , | | |
| | Yes. Go to line 38. | | | |
| | | | | Current value of the portion you own? Do not deduct secured claims or examplings |
| 00. | to use absolute or | or almost resume d | | or exemptions. |
| | counts receivable or commissions yo No | ou aiready earned | | |
| | Yes. Describe | | | |
| | 103. DESCRIBE | | | \$ |
| Exa | fice equipment, furnishings, and suppart amples: Business-related computers, software No | | nines, rugs, telephones, desks, chairs, electronic device | s |
| | Yes. Describe | | | \$ |
| | | | | |

page 9

Debtor 1

| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade | |
|--|---|
| ☑ No | |
| ☐ Yes. Describe | \$ |
| | |
| 44 Inventory | |
| 41. Inventory No | |
| Yes. Describe | \$ |
| | |
| 42. Interests in partnerships or joint ventures | |
| No | |
| No. Describe | % of ownership: |
| | · |
| | % |
| | % \$ |
| | /δ Ψ |
| 43. Customer lists, mailing lists, or other compilations | |
| No No | |
| Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A)) | ? |
| No □ | |
| Yes. Describe | \$ |
| | |
| 44. Any business-related property you did not already list | |
| ☑ No | |
| Yes. Give specific information | \$ |
| momaton | \$ |
| | \$ |
| | • |
| | |
| | \$ |
| | <u>\$</u> _ |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have atta | \$0.00 |
| for Part 5. Write that number here | → |
| | |
| | |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have If you own or have an interest in farmland, list it in Part 1. | e an Interest In. |
| ii you own or have an interest in farmland, list it in Part 1. | |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related prope | ertv? |
| No. Go to Part 7. | ·· ·· |
| ☐ Yes. Go to line 47. | |
| | Current value of the |
| | portion you own? |
| | Do not deduct secured claims or exemptions. |
| 47. Farm animals | |
| Examples: Livestock, poultry, farm-raised fish | |
| ☑ No | |
| ☐ Yes | |
| | \$ |
| | |

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| 48. Crops—either growing or harvested | | | |
|--|-------------------------|--------------------------------|----------------------|
| ☐ Yes. Give specific information | | | \$ |
| 49. Farm and fishing equipment, implements, machinery, fixtures No Yes | | | 1 |
| Tes | | | \$ |
| 50. Farm and fishing supplies, chemicals, and feed | | | - |
| ☑ No☑ Yes | | |] |
| | | | \$ |
| 51. Any farm- and commercial fishing-related property you did no | t already list | | |
| Yes. Give specific information | | | \$ |
| 52. Add the dollar value of all of your entries from Part 6, includir for Part 6. Write that number here | | - | \$ <u>0.00</u> |
| 101 Tart 0. Write that number here | | | |
| Part 7: Describe All Property You Own or Have a | n Interest in That | You Did Not List Above | |
| 53. Do you have other property of any kind you did not already lis | st? | | |
| Examples: Season tickets, country club membership No | | | |
| Yes. Give specific information | | | \$ \$_ |
| inomaton | | | \$ \$ |
| 54. Add the dollar value of all of your entries from Part 7. Write th | at number here | → | \$ |
| | | | |
| Part 8: List the Totals of Each Part of this Form | | | |
| 55. Part 1: Total real estate, line 2 | | | \$ <u>73,610.00</u> |
| 56. Part 2: Total vehicles, line 5 | \$ <u>6,400.00</u> | - | |
| 57. Part 3: Total personal and household items, line 15 | \$ <u>4,000.00</u> | - | |
| 58. Part 4: Total financial assets, line 36 | \$ <u>90,125.00</u> | - | |
| 59. Part 5: Total business-related property, line 45 | \$ <u>0.00</u> | - | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ <u>0.00</u> | - | |
| 61. Part 7: Total other property not listed, line 54 | + \$ <u>0.00</u> | - | |
| 62. Total personal property. Add lines 56 through 61 | \$ <u>100,525.00</u> | Copy personal property total 🗲 | +\$100,525.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$ <u>174,135.00</u> |

Attachment
Debtor: Wayne R. Baxter Case No:

Attachment 1: Real Property

Machesney Park

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| | | | Booginone | <u> </u> |
|---------------------------|---------------------|-----------------------|---------------------|----------|
| Fill in this ir | nformation to id | entify your case: | | |
| Debtor 1 | Wayne First Name | R. Middle Name | Baxter Last Name | |
| Debtor 2 | Kendall | J. | Baxter | |
| (Spouse, if filing) |) First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court f | or the: Northern Dist | trict of Illinois | |
| Case number (If known) | | | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| For any proper | ty you list on <i>Schedule A/B</i> tl | nat you claim as exem | pt, fill in the information below. | |
|-------------------------|---|--------------------------------------|--|-----------------------------------|
| | on of the property and line on that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemptio |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| Brief description: | Furniture | \$ <u>1,500.00</u> | × \$ 1,500.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | 6 | | ☐ 100% of fair market value, up to any applicable statutory limit | · |
| Brief description: | See Attachment 1 | \$ <u>4,000.00</u> | ☒ \$ _2,400.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: | 3.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | 2001 Saturn 15000 miles. | \$_2,400.00 | ■ \$ _2,400.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: | 3.2 | | □ 100% of fair market value, up to any applicable statutory limit | |

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Wayne R. Baxter

Last Name

Part 2:

Additional Page

| | on of the property and line NB that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|----------------------------|--|--------------------------------------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | Electronics | \$_500.00 | 3 \$ 500.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | 7 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Clothing | \$_2,000.00 | ¥ <u>2,000.00</u> | 735 ILCS 5/12-1001(a),(e) |
| Line from Schedule A/B: | 11 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Cash | <u>\$</u> 25.00 | x \$ <u>25.00</u> | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | <u>16</u> | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | See Attachment 2 | \$_100.00 | ■ \$ 100.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | <u>17.1</u> | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | See Attachment 3 | \$_45,000.00 | ¥ <u>45,000.00</u> | 735 ILCS 5/12-1006 |
| Line from Schedule A/B: | 21 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | See Attachment 4 | \$_45,000.00 | ■ \$ 45,000.00 | 735 ILCS 5/12-1006 |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | = \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | = \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |

Attachment Debtor: Wayne R. Baxter Case No:

Attachment 1

2004 GMC Envoy with 150000 miles.

Attachment 2

Checking Account with Alpine Bank

Attachment 3

Pension Plan with Empower Retirement

Attachment 4

401(k) or Similar Plan with ITW Shakeproof

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| | | | Doddilloll | . ago = |
|---------------------------------|---------------------------|---------------|------------------|---------|
| Fill in this in | formation to identify | your case: | | |
| Debtor 1 | Wayne R. Baxter | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | Kendall J. Baxter | Middle Name | Last Name | |
| United States I | Bankruptcy Court for the: | Northern Dist | rict of Illinois | |
| Case number (If known) | | | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- Do any creditors have claims secured by your property?
 No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

| for each claim. If more than one creditor I | more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|--|---|---|-----------------------------------|
| Alpine Bank & Trust | Describe the property that secures the claim: | \$_7,030.00 | _{\$} 73,610.00 | \$ 15,388.99 |
| Creditor's Name 1700 North Alpine Rd Number Street | 120 Liberty Blvd, Machesney Park Illinois 61115 | | | |
| Rockford IL 61107 City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | _ | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a | □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) | - | | |
| community debt Date debt was incurred | Last 4 digits of account number | | | |
| Alpine Bank & Trust | Describe the property that secures the claim: | \$88,998.99 | \$ <u>73,610.00</u> | \$ |
| Creditor's Name 1700 N. Alpine Rd. Number Street | 120 Liberty Blvd, Machesney Park Illinois 61115 | | | |
| Rockford IL 61107 City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | - | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only☐ Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | - | | |
| Date debt was incurred | Last 4 digits of account number 8 4 3 2 | | | |

Case 16-81965 Doc 1 Filed 08/17/16 Entered 08/17/16 11:42:43 Fill in this information to identify your case: Wayne R. Baxter Debtor 1 Middle Name Last Name Kendall J. Baxter Debtor 2 (Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). **List All of Your PRIORITY Unsecured Claims** Part 1: 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim **Priority** Nonpriority amount amount 2.1 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only Domestic support obligations ☐ At least one of the debtors and another ☐ Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other. Specify ☐ No Yes 2.2 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations ☐ Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another ☐ Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Is the claim subject to offset? Other, Specify ☐ No

Yes

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| 7 | 9 |
|---|---|

List All of Your NONPRIORITY Unsecured Claims

| | Do any creditors have nonpriority unsecured claims against you No. You have nothing to report in this part. Submit this form to the Yes | | |
|-----|---|---|------------------------|
| | List all of your nonpriority unsecured claims in the alphabetical of priority unsecured claim, list the creditor separately for each claim. For included in Part 1. If more than one creditor holds a particular claim, liftll out the Continuation Page of Part 2. | r each claim listed, identify what type of claim it is. Do not list | claims already |
| | | | Total claim |
| | 1 | | Total Claim |
| 1.1 | Avant | Last 4 digits of account number 8 9 6 2 | 2 022 00 |
| | Nonpriority Creditor's Name | | \$3,823.00 |
| | 222 N. LaSalle St. Suite 1700 | When was the debt incurred? | |
| | Number Street | | |
| | ChicagoIL60601CityStateZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | | ☐ Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated | |
| | | Disputed | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Time of NONDRIORITY improving delains | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| | X No | Other. Specify Personal Loan | |
| | ☐ Yes | | |
| | | | 4.040.00 |
| 1.2 | Bankcard Services | Last 4 digits of account number <u>5</u> <u>6</u> <u>2</u> <u>1</u> | \$ 4 ,316.09 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | PO Box 4477 | | |
| | Number Street | | |
| | Beaverton OR 97076-4477 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | ☐ Contingent | |
| | Miles in suggest the state (O.O.) | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☑ No | ■ Other. Specify <u>Credit Card Charges</u> | |
| | ☐ Yes | | |
| 1.3 | 0 11 10 | | |
| | Capital One | Last 4 digits of account number 9 6 7 4 | _{\$} 1,630.96 |
| | Nonpriority Creditor's Name | When was the debt incurred? | Ψ., |
| | 15000 Capital One Dr. | | |
| | Number Street | | |
| | Richmond VA 23238 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | _ | |
| | Who incurred the debt? Check one. | Contingent | |
| | ☐ Debtor 1 only | Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | |
| | | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce | |
| | ls the claim subject to offset? | that you did not report as priority claims | |
| | Is the claim subject to offset? | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☑ No | Other. Specify Credit Card Charges | |
| | Yes | | |
| | | | |

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Part 2:

| After listing any entries on this page, number them beginning wit | th 4.5, followed by 4.6, and so forth. | Total claim |
|--|---|--------------------|
| Capital One | Last 4 digits of account number 5 5 2 8 | \$ <u>2,209.73</u> |
| Nonpriority Creditor's Name 15000 Capital One Dr. | When was the debt incurred? | |
| Number Street Richmond VA 23238 | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent Unliquidated | |
| Who incurred the debt? Check one. | Disputed | |
| Debtor 1 only Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☑ Debtor 1 and Debtor 2 only☑ At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Is the claim subject to offset? | □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Personal Loan | |
| ☑ No☑ Yes | | |
| 5 Chase | Last 4 digits of account number 4 8 8 2 | \$ 12,103.42 |
| Nonpriority Creditor's Name PO Box 15298 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| Wilmington DE 19850 City State ZIP Code | Contingent | |
| Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed | |
| Debtor 1 only | * | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: Student loans | |
| ☐ At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? ☑ No ☐ Yes | ☑ Other. Specify Credit Card Charges | |
| CitiCards CBNA | Last 4 digits of account number 7 8 5 3 | \$ 5,797.59 |
| Nonpriority Creditor's Name 701 E. 60th St. N | When was the debt incurred? | |
| Number Street Sioux Falls SD 57104 | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent | |
| Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed | |
| Debtor 1 only Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? ☑ No ☐ Yes | ☑ Other. Specify Credit Card Charges | |

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Desc Main

Part 2:

| Afte | r listing any entries on this page, number them beginning with 4. | .5, followed by 4.6, and so forth. | Total claim |
|------|--|--|---------------------|
| 4.7 | CitiCards CBNA/The Home Depot | Last 4 digits of account number | \$ <u>40.00</u> |
| | Nonpriority Creditor's Name 701 E. 60th St. N | When was the debt incurred? | |
| | Number Street Sioux Falls SD 57104 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes | □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Credit Card Charges | |
| 4.8 | Discover Financial SVCS, LLC Nonpriority Creditor's Name | Last 4 digits of account number | \$ <u>8,454.00</u> |
| | P.O. Box 15316 | When was the debt incurred? | |
| | Number Street Willmington DE 19850 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | ☐ Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | 1 | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | Student loansObligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? ☑ No ☐ Yes | ☑ Other. Specify Credit Card Charges | |
| 4.9 | Discover Financial SVCS, LLC | Last 4 digits of account number 1 5 6 3 | \$ <u>14,000.36</u> |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | P.O. Box 15316 Number Street | | |
| | Willmington DE 19850 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | ☐ Contingent☐ Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? ☑ No ☐ Yes | ☑ Other. Specify Personal Loan | |

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Part 2:

| Afte | r listing any entries on this page, number them beginning with | 4.5, followed by 4.6, and so forth. | Total claim |
|------|--|---|---------------------|
| 4.10 | Equifax Nonpriority Creditor's Name | Last 4 digits of account number | \$ 0.00 |
| | Attn: Bankruptcy Dept. PO BOX 740241 | When was the debt incurred? | |
| | Atlanta GA 30374 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code Who incurred the debt? Check one. | ☐ Contingent☐ Unliquidated☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | |
| | ☐ Debtor 1 only | ☐ Disputed | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: Student loans | |
| | ☐ At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? ☑ No ☐ Yes | Other. Specify Notice Only | |
| 4.11 | Experian | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name Atten: Bankruptcy Dept. PO BOX 2002 | When was the debt incurred? | |
| | Number Street Allen TX 75013 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? ☑ No ☐ Yes | ☑ Other. Specify Notice Only | |
| 1.12 | Lending Club | Last 4 digits of account number 0 3 7 0 | \$ <u>14,033.00</u> |
| | Nonpriority Creditor's Name 71 Stevenson St. Suite 300 | When was the debt incurred? | |
| | Number Street San Francisco CA 94105 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | ☐ Contingent ☐ Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Disputed | |
| | ☑ Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? ☑ No ☐ Yes | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Personal Loan | |

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Part 2:

| After listing any entries on this page, number them beginning with | 4.5, followed by 4.6, and so forth. | Total claim |
|---|---|------------------|
| Synchrony Bank/"R" US Credit Services Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 965061 Number Street Orlando FL 32896-5061 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number 2 2 5 7 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Charges | \$310.97 |
| See Attachment 1 Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 965061 Number Street Orlando FL 32896-5061 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number 7 7 8 5 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Charges | \$ <u>488.48</u> |
| Transunion Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO BOX 1000 Number Street Chester PA 19022 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number | \$0.00 |

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Part 2:

| Afte | r listing any entries on this page, number them beginning with | 4.5, followed by 4.6, and so forth. | Total claim |
|------|---|---|--------------------|
| 4.16 | Wells Fargo Financial National Bank Nonpriority Creditor's Name | Last 4 digits of account number <u>0</u> <u>8</u> <u>5</u> <u>7</u> | \$ <u>1,737.82</u> |
| | PO Box 660553 | When was the debt incurred? | |
| | Number Street Dallas TX 75266-0553 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☑ Debtor 1 and Debtor 2 only | Student loans | |
| | ☐ At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? No | ☑ Other. Specify Credit Card Charges | |
| | ☐ Yes | | |
| 4.17 | | Last 4 digits of account number | \$ |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | Tune of NONDRIGHTY unaccoursed claims | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: Student loans | |
| | ☐ At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | □ No □ Yes | | |
| 4.18 | | Last 4 digits of account number | \$ |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? ☐ No | Other. Specify | |
| | Yes | | |

Part 3:

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Last Name Document

List Others to Be Notified About a Debt That You Already Listed

| xample, if a collection agency is trying to collect from yo , then list the collection agency here. Similarly, if you have | your bankruptcy, for a debt that you already listed in Parts 1 or 2. For ou for a debt you owe to someone else, list the original creditor in Parts 1 or emore than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|---|--|
| Allied Interstate LLC | On which entry in Part 1 or Part 2 did you list the original creditor? |
| GE Capital Retail Bank | Line $\underline{4.5}$ of (Check one): \square Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Nonpriority Unsecured Claim |
| PO Box 4000 | Last 4 digits of account number 4 8 8 2 |
| Warrenton, Virginia 20118 | Last 4 digits of account number 4 0 0 2 |
| Alliance One Receivables Management, Inc. | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 4850 Street Rd. Number Street | Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Suite 300 | Part 2: Creditors with Nonpriority Unsecured Claims |
| Trevose, Pennsylvania 19053 City State ZIP Code | Last 4 digits of account number 7 8 5 3 |
| United Recovery Systems, LP | On which entry in Part 1 or Part 2 did you list the original creditor? |
| PO Box 722929 | Line <u>4.6</u> of (<i>Check one</i>): □ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Nonpriority Unsecured Claims |
| Houston, Texas 77272-2929 | Last 4 digits of account number 7 8 5 3 |
| City State ZIP Code | |
| Name | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| City State ZIP Code | Last 4 digits of account number |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | |
| Number Street | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Nonpriority Unsecured Claims |
| | |
| City State ZIP Code | Last 4 digits of account number |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Priority Unsecured Claims |
| | Claims |
| City State ZIP Code | Last 4 digits of account number |
| , | On which entry in Part 1 or Part 2 did you liet the existing availter? |
| Name | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Number Street | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | Part 2: Creditors with Nonpriority Unsecured Claims |
| City State ZIP Code | Last 4 digits of account number |

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

| 6. | Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. |
|----|--|
| | Add the amounts for each type of unsecured claim. |

| | | | Total claim |
|--------------------------|---|-----|---------------------|
| Total claims | 6a. Domestic support obligations | 6a. | \$ |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | \$ |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ |
| | | | Total claim |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$ <u>0.00</u> |
| Irom Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | <u>\$0.00</u> |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$68,945.42 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$ <u>68,945.42</u> |

Attachment Debtor: Wayne R. Baxter Case No:

Attachment 1

Synchrony Bank/Discount Tire (Attn: Bankruptcy Department, Orlando, Florida 32896-5061)

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| Fill in this in | formation to ider | ntify your case: | |
|---------------------------|----------------------|-------------------------------|-----------|
| Debtor | Wayne R. Baxter | Middle Name | Last Name |
| Debtor 2 | Kendall J. Baxte | | |
| (Spouse If filing) | First Name | Middle Name | Last Name |
| United States F | Bankruptcy Court for | the: Northern District of III | linois |
| Case number (If known) | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with who | om you h | ave the contract or lease | State what the contract or lease is for |
|-----|-----------|------------------|----------|---------------------------|---|
| 2.1 | | | | | |
| | Name | | | | - |
| | Number | Street | | | |
| | City | | State | ZIP Code | - |
| 2.2 | | | | | |
| | Name | | | | - |
| | Number | Street | | | - |
| | City | | State | ZIP Code | - |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | - |
| | City | | State | ZIP Code | - |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | - |
| | City | | State | ZIP Code | - |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |

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| Fill in this information to identify your case: | | | | | | | | |
|---|----------------------------|-------------|-----------|--|--|--|--|--|
| Debtor 1 | Wayne R. Baxter First Name | Middle Name | Last Name | | | | | |
| Debtor 2 (Spouse, if filing) | Kendall J. Baxter | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: Northern District of Illinois | | | | | | | | |
| Case number(If known) | | | | | | | | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| | . Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) No | | | | | | | | | |
|--|---|-----------------------------------|---------------------------------|---|--|--|--|--|--|--|
| | ☐ Yes | | | | | | | | | |
| 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) | | | | | | | | | | |
| | 🗵 No. Go | to line 3. | | | | | | | | |
| | Yes. Did | d your spouse, former spo | use, or legal equivalent live w | vith you at the time? | | | | | | |
| | ☐ No | | | | | | | | | |
| | | s. In which community state | e or territory did you live? | | Fill in the name and current address of that person. | | | | | |
| | | , | , , | | • | | | | | |
| | | | | | | | | | | |
| | Nan | ne of your spouse, former spouse, | or legal equivalent | | | | | | | |
| | | | | | | | | | | |
| | Nun | nber Street | | | | | | | | |
| | | | | | | | | | | |
| | City | , | State | ZIP Code | | | | | | |
| 3. | In Column | 1, list all of your codebto | rs. Do not include your spo | use as a codebtor | if your spouse is filing with you. List the person | | | | | |
| | shown in li | ine 2 again as a codebto | r only if that person is a gua | arantor or cosigne | r. Make sure you have listed the creditor on | | | | | |
| | Schedule I | D (Official Form 106D), S | chedule E/F (Official Form 1 | 106E/F), or Schedu | ıle G (Official Form 106G). Use Schedule D, | | | | | |
| | Schedule L | E/F, or Schedule G to fill | out Column 2. | | | | | | | |
| | Column 1 | : Your codebtor | | | Column 2: The creditor to whom you owe the debt | | | | | |
| | Column 1. | . Tour codebior | | Column 2. The creditor to whom you owe the debt | | | | | | |
| | _ | | | | | | | | | |
| 3.1 | | | | | Check all schedules that apply: | | | | | |
| | | | | | _ | | | | | |
| | Name | | | | Check all schedules that apply: —— Schedule D, line | | | | | |
| | | | | | _ | | | | | |
| | | Street | | | Schedule D, line | | | | | |
| | Name Number | Street | | | Schedule D, line | | | | | |
| | Name Number City | Street | State | ZIP Code | Schedule D, line | | | | | |
| 3.2 | Name Number City | Street | State | ZIP Code | Schedule D, line Schedule E/F, line Schedule G, line | | | | | |
| 3.2 | Name Number City | Street | State | ZIP Code | Schedule D, line Schedule E/F, line Schedule G, line | | | | | |
| 3.2 | Name Number City Name | | State | ZIP Code | Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line | | | | | |
| 3.2 | Name Number City | Street | State | ZIP Code | Schedule D, line Schedule E/F, line Schedule G, line | | | | | |
| 3.2 | Name Number City Name Number | | | | Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line | | | | | |
| | Name Number City Name Number City | | State | ZIP Code | Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line | | | | | |
| 3.2 | Name Number City Name Number City Signature City | | | | Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line | | | | | |
| | Name Number City Name Number City | | | | Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line | | | | | |
| | Name Number City Name Number City Name Number | Street | | | Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line Schedule G, line | | | | | |
| | Name Number City Name Number City Signature City | | | | Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line | | | | | |
| | Name Number City Name Number City Name Number | Street | | | Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line Schedule G, line | | | | | |

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| Fill in this in | formation to identify your case: | | |
|------------------------|---|-----------|---|
| | Wayne B. Bayter | | |
| Debtor 1 | Wayne R. Baxter First Name Middle Name | Last Name | |
| Debtor 2 | Kendall J. Baxter | | |
| | | Last Name | |
| Case number (If known) | Sankruptcy Court for the: Northern District o | <u></u> | Check if this is: |
| | | | A supplement showing post-petition chapter 13 income as of the following da |
| Official Fo | orm 106I | | MM / DD / YYYY |
| Sched | ule I: Your Incom | ıe | 12 |

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Describe Employm | ent | | | | | | |
|---|-----------------------|---|--------------------------------|--------------------------|---|---------------------|--|
| Fill in your employment information. | | Debtor 1 | | | Debtor 2 or non-fi | ling spouse | |
| If you have more than one job, attach a separate page with information about additional employers. Employment status | | ☑ Employed☑ Not employ | ed | | ☑ Employed☑ Not employed | | |
| Include part-time, seasonal, or self-employed work. | | Machinist | | | Ontical Manager | | |
| Occupation may Include student or homemaker, if it applies. | Occupation | Machinist | | | Optical Manager | | |
| , | Employer's name | ITW- Illinois Too | ITW- Illinois Tool Works, Inc. | | | enters, P.C. | |
| | Employer's address | 155 Harlem Ave | | | 1603 N. Alpine Rd. S | uite 121 | |
| | | | | | | | |
| | | | | | | | |
| | | Glenview, Illinois | | | Rockford, IL 61107 | | |
| | | City | Stat | te ZIP Code | City | State ZIP Code | |
| | How long employed the | re? | | | | | |
| Part 2: Give Details About | <u> </u> | | | | | | |
| Estimate monthly income as of spouse unless you are separated | | n. If you have noth | ing to | report for any line, w | rite \$0 in the space. Incl | ude your non-filing | |
| If you or your non-filing spouse had below. If you need more space, at | | | rmati | on for all employers for | or that person on the line | es | |
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | | |
| List monthly gross wages, sale deductions). If not paid monthly, | | | 2. | \$_3,868.35 | \$ 3,333.33 | | |
| 3. Estimate and list monthly over | time pay. | | 3. | +\$_240.98 | + \$ 0.00 | | |
| 4. Calculate gross income. Add li | ne 2 + line 3. | | 4. | \$_4,109.33 | \$_3,333.33 | | |

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Debtor 1

Wayne R. Baxter First Name

Middle Name

Last Name

Case number (if known)_

| | | For Debtor 1 | | For Debtor 2 or non-filing spouse | | |
|---|-------------|------------------------|-------|-----------------------------------|-------------|-------------------------|
| Copy line 4 here | → 4. | \$ <u>4,109.33</u> | | \$ <u>3,333.33</u> | - | |
| 5. List all payroll deductions: | | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ 750.49 | | \$ 604.85 | | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$_234.33 | _ | \$ 0.00 | - | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ 0.00 | _ | \$ 0.00 | - | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ 0.00 | _ | \$ 0.00 | - | |
| 5e. Insurance | 5e. | \$ 265.42 | _ | \$ 0.00 | - | |
| 5f. Domestic support obligations | 5f. | \$ 0.00 | _ | \$ 0.00 | - | |
| 5g. Union dues | 5g. | \$ 0.00 | _ | \$ 0.00 | | |
| 5h. Other deductions. Specify: See Attachment 1 | _ | +\$ 60.83 | _ | + \$ 159.72 | - | |
| | | | - | | - | |
| 6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h | ı. 6. | \$ <u>1,311.07</u> | - | \$ <u>764.57</u> | - | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_2,798.26 | - | \$_2,568.76 | - | |
| 8. List all other income regularly received: | | | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ <u>0.00</u> | _ | \$ 0.00 | _ | |
| 8b. Interest and dividends | 8b. | \$ 0.00 | | \$ 0.00 | _ | |
| 8c. Family support payments that you, a non-filing spouse, or a depend regularly receive | ent | | _ | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$_0.00 | - | \$ 0.00 | - | |
| 8d. Unemployment compensation | 8d. | \$_0.00 | _ | \$_0.00 | - | |
| 8e. Social Security | 8e. | \$_0.00 | _ | \$_0.00 | - | |
| 8f. Other government assistance that you regularly receive | | | | | | |
| Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | ince | \$ | _ | \$ | _ | |
| Specify: | 8f. | | | | | |
| 8g. Pension or retirement income | 8g. | \$ 0.00 | _ | \$_0.00 | - | |
| 8h. Other monthly income. Specify: | 8h. | +\$ | _ | +\$ | - | |
| 9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$_0.00 | _ | \$ 0.00 | - | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_2,798.26 | + | \$_2,568.76 | _ = | \$_5,367.02 |
| 11. State all other regular contributions to the expenses that you list in Sche | edule J | 1. | | | | |
| Include contributions from an unmarried partner, members of your household, friends or relatives. | your d | ependents, your ro | omn | nates, and other | | |
| Do not include any amounts already included in lines 2-10 or amounts that are | e not av | vailable to pay exp | ense | es listed in <i>Schedule</i> . | I. | |
| Specify: | | | | _ 1 | 1. + | \$_0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The | e result | is the combined n | nonth | nly income. | | |
| Write that amount on the Summary of Your Assets and Liabilities and Certain | Statisti | ical Information, if i | t app | olies 1 | 2. | \$_5,367.02 |
| | | | | | | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this No. | form? | • | | | | |
| X Ves Evolain | | | | | | |
| Debtor expects to lose hours in August or September. | | | | | | |

Addendum

Attachment 1

Description: Dep LF IMP IN Debtor's Amount: \$1.63 Spouse's Amount: \$0.00

Description: Sav Loan A Debtor's Amount: \$48.42 Spouse's Amount: \$0.00

Description: Uniform Debtor's Amount: \$10.78 Spouse's Amount: \$0.00

Description: Unpaid Salary Time Off

Debtor's Amount: \$0.00 Spouse's Amount: \$159.72

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|---|---|
| Fill in this information to identify your case: Debtor 1 | Check if this is: An amended filing A supplement showing post-petition chapter 13 expenses as of the following date: MM / DD / YYYY |
| Official Form 106J | |
| Schedule J: Your Expenses | 12/15 |
| Be as complete and accurate as possible. If two married people are filing toge information. If more space is needed, attach another sheet to this form. On the (if known). Answer every question. | |

Part 1: **Describe Your Household** 1. Is this a joint case? ☐ No. Go to line 2. Yes. Does Debtor 2 live in a separate household? ☐ Yes. Debtor 2 must file Official Forms 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? ■ No. Does dependent live Dependent's relationship to Dependent's Do not list Debtor 1 and Debtor 1 or Debtor 2 with you? ☐ Yes. Fill out this information for age Debtor 2. each dependent..... ☐ No Do not state the dependents' ☐ Yes names. ■ No ☐ Yes ■ No Yes ☐ No ☐ Yes ■ No ☐ Yes 3. Do your expenses include No expenses of people other than Yes yourself and your dependents?

Part 2: **Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of Your expenses such assistance and have included it on Schedule I: Your Income (Official Form B 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and \$863.00 any rent for the ground or lot. 4. If not included in line 4: \$ 0.00 Real estate taxes 4a. 4a. \$ 0.00 Property, homeowner's, or renter's insurance 4b. 4b. \$ 250.00 Home maintenance, repair, and upkeep expenses 4c. 4c. Homeowner's association or condominium dues \$ 0.00 4d

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Debtor 1

Wayne R. Baxter
First Name Middle Name

Last Name

Case number (if known)

| | | | Your expenses |
|-----|--|------------|-----------------------|
| 5 | Additional mortgage payments for your residence, such as home equity loans | 5. | \$_245.00 |
| | | 0. | |
| 6. | Utilities: | Co | \$ 300.00 |
| | 6a. Electricity, heat, natural gas | 6a. | * OF OO |
| | 6b. Water, sewer, garbage collection6c. Telephone, cell phone, Internet, satellite, and cable services | 6b. | \$_95.00 \$ 295.00 |
| | | 6c. 6d. | \$_0.00 |
| | | | |
| 7. | | 7. | \$_1,000.00 |
| 8. | Childcare and children's education costs | 8. | \$ 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ 125.00 |
| 10. | Personal care products and services | 10. | \$ 100.00 |
| 11. | Medical and dental expenses | 11. | <u>\$ 120.00</u> |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$_300.00 |
| 40 | | | \$ 300.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | |
| 14. | Charitable contributions and religious donations | 14. | \$_0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | \$_0.00 |
| | 15b. Health insurance | 15b. | \$_0.00 |
| | 15c. Vehicle insurance | 15c. | \$_102.00 |
| | 15d. Other insurance. Specify: | 15d. | \$_0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$_0.00 |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ 0.00 |
| | 17c. Other. Specify: | 17c. | \$ |
| | 17d. Other. Specify: | 17d. | \$ |
| | | 174. | , |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | \$ 0.00 |
| 10 | Other payments you make to support athere who do not live with you | | ₹ |
| 19. | Other payments you make to support others who do not live with you. Specify: Grandchild | 40 | \$ 500.00 |
| | Specify: Glandchild | 19. | φ_000.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income | me. | |
| | 20a. Mortgages on other property | 20a. | \$_0.00 |
| | 20b. Real estate taxes | 20b. | \$_0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$_0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$_0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$_0.00 |

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| ebtor 1 | Wayne R. Ba | axter | | Cas | e number (if known) | |
|--------------------------------------|-------------------------------------|---|---|------------------------|---------------------|------------------------------|
| | First Name | Middle Name | Last Name | | , | |
| Other. S | Specify: | | | | 21. | +\$ 0.00 |
| 22a. Ad 22b. Co | ld lines 4 throu ppy line 22 (mo | onthly expenses | for Debtor 2), if any, from Official is your monthly expenses. | al Form 106J-2 | 22. | \$ 4,595.00 \$ |
| Calculate | e your month | ly net income. | | | | |
| 23a. Co | opy line 12 (<i>yo</i> | ur combined m | onthly income) from Schedule I. | | 23a. | \$ 5,367.02 |
| 23b. Co | opy your montl | nly expenses fro | om line 22 above. | | 23b. | - \$ <u>4</u> ,595.00 |
| | • | onthly expenses or <i>monthly net in</i> | s from your monthly income. | | 23c. | \$_772.02 |
| For exam | nple, do you e | xpect to finish p | ase in your expenses within the aying for your car loan within the ease because of a modification | e year or do you expec | t your | |
| X No.Yes. | F In the last | | | | | |
| ■ Tes. | Explain he | ere: | | | | |

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| Fill in this in | nformation to identify y | our case: | |
|---------------------------------|------------------------------|-------------|------------------------|
| Debtor 1 | Wayne R. Baxter | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | Kendall J. Baxter First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for the: _ | Norther | n District Of Illinois |
| Case number (If known) | | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|---|
| | |
| Did you pay or agree to pay someone who | o is NOT an attorney to help you fill out bankruptcy forms? |
| ĭ No | |
| ☐ Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | Signature (Official Form 119). |
| | |
| | |
| | |
| Under penalty of periury I dealers that I h | save read the cummary and cohedules filed with this declaration and |
| that they are true and correct. | nave read the summary and schedules filed with this declaration and |
| - | |
| | |
| x s/Wayne R. Baxter | s/Kendall J. Baxter |
| Signature of Debtor 1 | Signature of Debtor 2 |
| | |
| Date 08/17/2016 | Date 08/17/2016 |
| MM / DD / YYYY | MM / DD / YYYY |

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| Fill in this in | Fill in this information to identify your case: | | | | | | |
|---------------------|---|-------------------------|-------------------|--|--|--|--|
| Debtor 1 | Wayne First Name | R. Middle Name | Baxter Last Name | | | | |
| Debtor 2 | Kendall | J. | Baxter | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States | Bankruptcy Court for the: | Northern District of II | linois | | | | |
| Case number | (If known) | | | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | Your assets Value of what you own |
|--|--------------------------------------|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ 73,610.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ <u>100,525.00</u> |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ <u>174,135.00</u> |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ 96,028.99 |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ 68,945.42 |
| Your total liabilities | \$ <u>164,974.41</u> |
| art 3: Summarize Your Income and Expenses | |
| . Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ <u>5,367.02</u> |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J | \$ <u>4,595.00</u> |

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| | | | | | 0 | |
|----------|----|-----|---|--------|--------------------|-------|
| Debtor 1 | Wa | yne | R | Baxter | Case number (if ki | nown) |
| | | | | | | |

| P | Answer These Questions for Administrative and Statistical Records | | _ |
|----|---|--|---|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this for Yes | rm to the court with your other schedules. | |
| 7. | What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an iffamily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purpose. Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. | ses. 28 U.S.C. § 159. | |
| 3. | From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | some from Official \$ 7,442.65 | |
| 9. | Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> : | Total claim | |
| | From Part 4 on Schedule E/F, copy the following: | | |
| | 9a. Domestic support obligations (Copy line 6a.)9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ <u>0.00</u> \$ <u>0.00</u> | |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | <u>\$0.00</u> | |
| | 9d. Student loans. (Copy line 6f.)9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u> \$ <u>0.00</u> | |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$0.00 | |
| | 9g. Total. Add lines 9a through 9f. | \$ 0.00 | |

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| Fill in this in | formation to identify | your case: | |
|---------------------------|---------------------------|---------------------|------------|
| Debtor 1 | Wayne | R. | Baxter |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Kendall | J. | Baxter |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States I | Bankruptcy Court for the: | Northern District o | f Illinois |
| Case number (If known) | | | |

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: | Give Details | s About Your Marital Stat | us and Where Yo | ou Lived Before | | |
|------------------------|---|--|-------------------------------|--|----------------------------|----------------------------------|
| ≥ N □ N 2. Durii | No | marital status? rs, have you lived anywhere o | | | | |
| | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 lived there |
| | Number Stree | et State ZIP Code | From To | Same as Debtor 1 Number Street City | State ZIP Code | Same as Debtor 1 From To |
| - | Number Stree | et State ZIP Code | From To | Same as Debtor 1 Number Street City | State ZIP Code | Same as Debtor 1 From To |
| and | in the last 8 year territories include | rs, did you ever live with a spo Arizona, California, Idaho, Loui ou fill out Schedule H: Your Cod | isiana, Nevada, Nev | alent in a community proper Mexico, Puerto Rico, Texas, | ty state or territory? (Co | mmunity property states sin.) |

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Debtor 1 Wayne R. Baxter Case number (if known) Last Name Last Name

| | I from all jobs and all busin me that you receive togeth | esses, including part-tir | | dar years? |
|---|--|--|--|---|
| No Yes. Fill in the details. | | | | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | ☑ Wages, commissions, bonuses, tips☑ Operating a business | \$21,833.90 | ☒ Wages, commissions, bonuses, tips☒ Operating a business | \$_13,571.46 |
| For last calendar year: (January 1 to December 31, 2015 / YYYY) | ☒ Wages, commissions, bonuses, tips☒ Operating a business | \$ <u>40,318.05</u> | Wages, commissions, bonuses, tipsOperating a business | \$ <u>42,326.69</u> |
| For the calendar year before that: (January 1 to December 31, 2014 YYYY | ☒ Wages, commissions, bonuses, tips☒ Operating a business | \$ 45,521.00 | | \$ 39,866.00 |
| ist each source and the gross income from e | | | | |
| Yes. Fill in the details. | | | | |
| Yes. Fill in the details. | Debtor 1 | | Debtor 2 | |
| Yes. Fill in the details. | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions an exclusions) |
| Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: | Sources of income | each source (before deductions and | Sources of income Describe below. | each source (before deductions and |
| From January 1 of current year until | Sources of income Describe below. | each source (before deductions and exclusions) \$ \$ | Sources of income Describe below. | each source (before deductions an exclusions) - \$ |
| From January 1 of current year until the date you filed for bankruptcy: For last calendar year: | Sources of income Describe below. | each source (before deductions and exclusions) \$ \$ \$ | Sources of income Describe below. | each source (before deductions an exclusions) - \$ |
| From January 1 of current year until the date you filed for bankruptcy: | Sources of income Describe below. | each source (before deductions and exclusions) \$ \$ \$ \$ \$ | Sources of income Describe below. | each source (before deductions and exclusions) - \$ |
| From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,) | Sources of income Describe below. | each source (before deductions and exclusions) \$ \$ \$ \$ \$ \$ \$ | Sources of income Describe below. | each source (before deductions and exclusions) - \$ |

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| Are ei | ither D | ebtor 1's or Dek | otor 2's deh | ts primarily co | onsumer deht | s? | | |
|--------|---------------|-------------------|----------------|------------------|------------------|---|--|--|
| | o. Nei | ther Debtor 1 no | or Debtor 2 | has primarily | consumer de | bts. Consumer debts ar | re defined in 11 U.S.C. § 101 | (8) as |
| | | • | • | | • | ousehold purpose." | PC 405* or more? | |
| | Dur | ing the 90 days i | setore you ti | ied for bankrup | otcy, ala you pa | ay any creditor a total of | \$6,425" or more? | |
| | | No. Go to line 7. | | | | | | |
| | | total amour | nt you paid th | nat creditor. Do | not include pa | | or more payments and the upport obligations, such as this bankruptcy case. | |
| | * Sı | | | • | | • | Ifter the date of adjustment. | |
| X V | es Del | otor 1 or Debtor | 2 or both h | ave nrimarily | consumer de | hts | | |
| | | | | | | ay any creditor a total of | \$600 or more? | |
| | | | - | | ,, , , | .,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | No. Go to line 7. | | | | | | |
| | | creditor. Do | not include | payments for | domestic supp | \$600 or more and the to ort obligations, such as by for this bankruptcy ca | | |
| | | | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for. |
| | | | | | | \$ | \$ | ☐ Mortgage |
| | | Creditor's Name | | | | | | ☐ Car |
| | | Number Street | | | | | | Credit card |
| | | Number Street | | | | | | Loan repayment |
| | | | | | | | | ☐ Suppliers or vendor |
| | | City | Ctata | ZID Code | | | | Other |
| | | City | State | ZIP Code | | | | |
| | | | | | | \$ | \$ | |
| | | Creditor's Name | | | | Φ | Φ | ☐ Mortgage |
| | | | | | | | | ☐ Car |
| | | Number Street | | | | | | Credit card |
| | | | | | | | | Loan repayment |
| | | | | | | | | Suppliers or vendor |
| | | City | State | ZIP Code | | | | ☐ Other |
| | | | | | | | | |
| | | | | | | \$ | \$ | ☐ Mortgage |
| | | Creditor's Name | | | | * | | ☐ Car |
| | | | | | | | | ☐ Car |
| | | | | | | | | |
| | | Number Street | | | | | | |
| | | Number Street | | | | | | Loan repayment |
| | | Number Street | | | | | | □ Coan repayment □ Suppliers or vendor □ Other |

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Case number (if known)_

Wayne R. Baxter
First Name Middle Name

Last Name

Debtor 1

| Vithin 1 year before you filed for nsiders include your relatives; any orporations of which you are an of gent, including one for a business uch as child support and alimony. | general partners; re ficer, director, perso | elatives of any gon in control, or | eneral partners; pa owner of 20% or n | artnerships of which nore of their voting | n you are a general partner; securities; and any managing |
|--|--|------------------------------------|--|--|--|
| ☑ No ☑ Yes. List all payments to an insi | der. | | | | |
| - 100. Liot all paymone to all mor | uoi. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| Insider's Name | | | \$ | \$ | |
| Number Street | | | | | |
| City S | State ZIP Code | | | | |
| Insider's Name | | | \$ | \$ | |
| | | | | | |
| Number Street | | | | | |
| | State ZIP Code | | | | |
| City S ithin 1 year before you filed for I n insider? Iclude payments on debts guarant | bankruptcy, did yo | | nyments or transfe | er any property on | account of a debt that benefited |
| City S ithin 1 year before you filed for I n insider? clude payments on debts guarant No | bankruptcy, did yo | | Total amount | Amount you still owe | |
| City S ithin 1 year before you filed for I n insider? Iclude payments on debts guarant | bankruptcy, did yo | an insider. | Total amount | Amount you still | Reason for this payment |
| City s Fithin 1 year before you filed for I n insider? Include payments on debts guarant No No Yes. List all payments that bene | bankruptcy, did yo | an insider. | Total amount paid | Amount you still owe | Reason for this payment |
| City s City s | bankruptcy, did yo | an insider. | Total amount paid | Amount you still owe | Reason for this payment |
| City s City s | bankruptcy, did yo | an insider. | Total amount paid | Amount you still owe | Reason for this payment |

City

State

ZIP Code

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Debtor 1 Wayne R. Baxter Case number (if known) Case number (if known)

| | • • | | | | | | | oort or custody modification |
|--|---|----------|---|---|--|---------------|---------------|--|
| ☑ No ☑ Yes. Fill in th | e details. | | | | | | | |
| | | Nature | e of the case | | Court or ag | ency | | Status of the case |
| | | | | | | | | |
| Case title | | | | | Court Name | | | —— Pending |
| | | | | | | | | On appeal |
| | | | | | Number Stre | et | | Concluded |
| Case number | r | | | | | | | |
| | | | | | City | State | ZIP Code | |
| Coop title | | | | | | | | —— Pending |
| Case title | | | | | Court Name | | | On appeal |
| | | | | | Number Stre | | | Concluded |
| | | | | | INGITIDEL SITE | ot | | _ 3511014404 |
| Case number | r | | | | City | State | ZIP Code | |
| No. Go to lir | oply and fill in the details ne 11. ne information below. | s below. | | ргоретту гер | ossessed, fore | closed, garni | shed, attache | ed, seized, or levied? |
| No. Go to lir | ne 11. | s below. | | the property | ossessed, fore | closed, garni | Date | Value of the property |
| No. Go to lir | ne 11. ne information below. | s below. | | | ossessed, fore | closed, garni | | |
| No. Go to lin | ne 11. ne information below. | s below. | Describe | | | closed, garni | | Value of the property |
| No. Go to lin Yes. Fill in th | ne 11. ne information below. | s below. | Describe Explain v | the property | | closed, garni | | Value of the property |
| No. Go to lin Yes. Fill in th | ne 11. ne information below. | s below. | Describe Explain v | the property | ossessed. | closed, garni | | Value of the property |
| No. Go to lin Yes. Fill in th | ne 11. ne information below. | s below. | Describe Explain v Pro | the property what happened | ossessed. eclosed. | closed, garni | | Value of the property |
| No. Go to lin Yes. Fill in th | ne 11. ne information below. s Name | S below. | Explain v Pro Pro | what happened perty was reperty was fore perty was gar | ossessed. eclosed. | | | Value of the property |
| No. Go to lir Yes. Fill in th | ne 11. ne information below. s Name Street | | Explain v Pro Pro Pro | what happened perty was reperty was fore perty was gar | ossessed. eclosed. nished. | | | Value of the property |
| No. Go to lir Yes. Fill in th | ne 11. ne information below. s Name Street | | Explain v Pro Pro Pro | what happened perty was repety was fore perty was gard perty was atta | ossessed. eclosed. nished. | | Date | Value of the property \$ Value of the property |
| No. Go to lir Yes. Fill in th | ne 11. ne information below. S Name Street | | Explain v Pro Pro Pro | what happened perty was repety was fore perty was gard perty was atta | ossessed. eclosed. nished. | | Date | Value of the property |
| No. Go to lin Yes. Fill in the Creditor's Number City | ne 11. ne information below. S Name Street | | Describe Explain v Pro Pro Pro Describe | what happened perty was repety was fore perty was gard perty was atta | ossessed. eclosed. nished. ached, seized, o | | Date | Value of the property \$ Value of the property |
| No. Go to lin Yes. Fill in the Creditor's Number City Creditor's | ne 11. ne information below. S Name Street State | | Explain v Pro Pro Pro Describe | what happened perty was rep- perty was fore perty was gar perty was atta the property | ossessed. eclosed. nished. ached, seized, o | | Date | Value of the property \$ Value of the property |
| No. Go to lir Yes. Fill in th Creditor's Number City | ne 11. ne information below. S Name Street State | | Explain v Pro Pro Pro Explain v | what happened perty was rep perty was fore perty was gar perty was atta | ossessed. eclosed. nished. ached, seized, o | | Date | Value of the property \$ Value of the property |
| No. Go to lir Yes. Fill in th Creditor's Number City | ne 11. ne information below. S Name Street State | | Explain v Pro | what happened perty was reperty was gar perty was atta the property what happened | ossessed. eclosed. nished. ached, seized, o | | Date | Value of the property \$ Value of the property |

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11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? ☐ Yes. Fill in the details. Describe the action the creditor took Date action Amount was taken Creditor's Name Number Street City State ZIP Code Last 4 digits of account number: XXXX-___ _ 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☑ No Yes Part 5: **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave the gifts per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Describe the gifts Gifts with a total value of more than \$600 Dates you gave per person the gifts Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you _

Wayne R. Baxter

Middle Name

Last Name

Debtor 1

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| 1 | Wayne R. Baxter | Case number (if known) | | | |
|------------|--|--|----------------------|-----------------------|--|
| | First Name Middle Name Las | tt Name | | | |
| | | | | | |
| ithi | in 2 years before you filed for bankrup | otcy, did you give any gifts or contributions with a total value | of more than \$600 | to any charity? | |
| 3 N | Jo | | | | |
| | es. Fill in the details for each gift or con | tribution. | | | |
| | ű | | | | |
| | Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value | |
| | that total more than \$600 | | Contributed | | |
| | | | | | |
| _ | | | | \$ | |
| С | harity's Name | | | | |
| _ | | | | \$ | |
| N | Number Street | | | | |
| _ | | | | | |
| | | | | | |
| | | | | | |
| c | ity State ZIP Code | | | | |
| | | | | | |
| | _ | | | | |
| 6: | List Certain Losses | | | | |
| | | | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance | Date of your loss | Value of propert lost | |
| | | claims on line 33 of Schedule A/B: Property. | | | |
| | | | | | |
| | | | | \$ | |
| | | | | | |
| | _ | | | | |
| 7: | List Certain Payments or Tran | nsfers | | | |
| /ithi | in 1 year before you filed for bankrup | tcy, did you or anyone else acting on your behalf pay or trans | sfer any property to | anvone vou | |
| | sulted about seeking bankruptcy or pi | | ,, | , | |
| clu | de any attorneys, bankruptcy petition pro | eparers, or credit counseling agencies for services required in yo | ur bankruptcy. | | |
|) N | No | | | | |
| | es. Fill in the details. | | | | |
| | | Description and value of any property transferred | Date payment or | Amount of paym | |
| | McGarragan Law Corp. | bescription and value of any property transferred | transfer was made | Amount or payin | |
| | Person Who Was Paid | | Ī | | |
| | 1004 N. Main Street | | 04/00/40 | # 1 000 00 | |
| | Number Street | | 01/20/16 | \$1,000.00 | |
| | | | | | |
| | | | | \$ | |
| | Rockford IL 61103 City State ZIP Code | | | | |
| | | | | | |
| | Laura@McGarraganLaw.com | | | | |
| | Email or website address | | | | |
| | Person Who Made the Payment, if Not You | | | | |
| | Person Who Made the Payment, if Not You | | | | |

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| | | | Description and value of any propert | y transferred | Date payment or transfer was made | Amount of payment |
|--|---|---|---|--|-----------------------------------|------------------------------------|
| Access | | | | | T | |
| Person Who Was Paid | 1 | | | | | |
| COO W Eth Ct | | | | | | <u>\$14.95</u> |
| 633 W. 5th St. Number Street | | | | | | |
| Number Street | | | | | | |
| | | | | | | \$ |
| | | | | | | |
| Los Angolos | CA | 90071 | | | | |
| Los Angeles City | State | ZIP Code | | | | |
| Oity | Otato | Zii Gode | | | | |
| | | | | | | |
| - | | | _ | | | |
| Email or website addre | ISS | | | | | |
| | | | | | | |
| Person Who Made the | Payment, if N | lot You | | | | |
| | | | | | | |
| Do not include any pay No Yes. Fill in the deta | | ansier that ye | od listed off line 10. | | | |
| = 103.1 iii iii tile dete | alio. | | Description and value of any propert | y transferred | Date payment or transfer was made | Amount of payme |
| | | | | | | |
| Person Who Was Paid | b | | | | | |
| | | | | | | \$ |
| | | | | | | |
| Number Street | | | | | | |
| Number Street | | | | | | ¢ |
| Number Street | | | | | | \$ |
| Number Street | | | | | | \$ |
| City Within 2 years before | | | otcy, did you sell, trade, or otherwise | e transfer any property to | o anyone, other than | · |
| City Within 2 years before ransferred in the order of the conclude both outright to | e you filed dinary cou ransfers an d transfers | for bankrup irse of your b nd transfers n | business or financial affairs? made as security (such as the granting we already listed on this statement. Description and value of property | of a security interest or m Describe any property | ortgage on your prop | n property perty). Date transfer |
| City Within 2 years before transferred in the ord include both outright to the one transfer and the ord include gifts and | e you filed dinary cou ransfers an d transfers | for bankrup irse of your b nd transfers n | business or financial affairs? nade as security (such as the granting we already listed on this statement. | of a security interest or m | ortgage on your prop | n property perty). |
| City Within 2 years before transferred in the ord include both outright to the one transfer and the ord include gifts and | e you filed dinary cou ransfers an d transfers ails. | for bankrup irse of your b nd transfers n | business or financial affairs? made as security (such as the granting we already listed on this statement. Description and value of property | of a security interest or m Describe any property | ortgage on your prop | n property perty). Date transfer |
| City Within 2 years before ransferred in the order of the conclude both outright to the conclude gifts and the conclude gifts are conclude gifts. | e you filed dinary cou ransfers an d transfers ails. | for bankrup irse of your b nd transfers n | business or financial affairs? made as security (such as the granting we already listed on this statement. Description and value of property | of a security interest or m Describe any property | ortgage on your prop | n property perty). Date transfer |
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Wayne R. Baxter Debtor 1 Case number (if known) Middle Name 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) X No ☐ Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust _ Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. ■ No ☐ Yes. Fill in the details. Date account was Last 4 digits of account number Type of account or Last balance before closed, sold, moved, instrument closing or transfer or transferred Name of Financial Institution Checking XXXX-___ _ ■ Savings Number Street ■ Money market ■ Brokerage City State ZIP Code Other ☐ Checking XXXX-____ Name of Financial Institution ☐ Savings ■ Money market Number Street ■ Brokerage Other City State ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? ■ No ☐ Yes. Fill in the details. Describe the contents Do you still Who else had access to it? have it? □ No Yes Name of Financial Institution Name Number Street Number Street City ZIP Code State

City

State

ZIP Code

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| Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No | otor 1 Wayne R. Baxte | er | | Case r | number (if known) | | |
|--|-----------------------------|------------------------|-------------------------------------|-------------------|------------------------------|-----------------|--------------|
| Name of Storage Facility Name Name of Storage Facility Name Name of Storage Facility Name Name Number Street Numbe | First Name Mide | dle Name Las | st Name | 0.000 | idinoon (ii iiiiomi) | | |
| Name of Storage Facility Name Name of Storage Facility Name Name of Storage Facility Name Name Number Street Numbe | | | | | | | |
| Name of Storage Facility Name Name of Storage Facility Name Name of Storage Facility Name Name Number Street Numbe | . Have you stored property | in a storage unit | or place other than your home wi | ithin 1 year be | fore you filed for bankrup | tcy? | |
| Who else has or had access to it? Describe the contents Depay at Ill have | | | | | | • | |
| Who else has or had access to it? Describe the contents Depay at Ill have | Yes. Fill in the details | 5. | | | | | |
| Number Street Number Street Number Street Number Street | | | Who else has or had access to it? | ? | Describe the contents | | Do you still |
| Name of Storage Facility Number Street Number Street Number Street Number Street | | | Who else has of had access to it. | | Describe the contents | | |
| Name of Storage Facility Number Street Number Street Number Street Number Street | | | | | | | _ |
| Number Street | | | | | | | |
| City State ZIP Code | Name of Storage Facility | | Name | | | | Yes |
| City State ZIP Code | | | | | | | |
| Identify Property You Hold or Control for Someone Else | Number Street | | Number Street | | | | |
| Identify Property You Hold or Control for Someone Else | | | | | | | |
| Identify Property You Hold or Control for Someone Else | | | CityState ZIP Code | | | | |
| Identify Property You Hold or Control for Someone Else | 014 | 01-1- 710.0-1- | | | | | |
| B. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Where is the property? Describe the property Value Owner's Name Number Street | City | State ZIP Code | | | | | |
| B. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Where is the property? Describe the property Value Owner's Name Number Street | | | | | | | |
| or hold in trust for someone. Nower's Name Owner's Name Number Street | art 9: Identify Pro | perty You Hold | or Control for Someone Else | | | | |
| or hold in trust for someone. Nower's Name Owner's Name Number Street | Do you hold or control o | ny proporty that a | omoono oloo owno2 Inaludo any | nronorty vou | harrawad from ara starin | a for | |
| Where is the property? Describe the property Value Owner's Name Number Street Number Street | - | | official else owns? include any | property you | borrowed from, are Storm | g ior, | |
| Yes. Fill in the details. Where is the property? Describe the property Value | | eone. | | | | | |
| Where is the property? Describe the property Value | | _ | | | | | |
| Owner's Name Number Street Number Street Number Street | Yes. Fill in the detail | S. | | | | | |
| Number Street Number Street State ZIP Code | | | Where is the property? | | Describe the property | Va | lue |
| Number Street Number Street State ZIP Code | | | | | | | |
| Number Street Number Street State ZIP Code | Ownor's Namo | | | | | | |
| City State ZIP Code City Stat | Owner's Name | | | | | a _ | |
| art 10: Give Details About Environmental Information or the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. A. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Number Street Number Street | | | Number Street | | | | |
| Give Details About Environmental Information or the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Severnmental unit Environmental law, if you know it Date of notice Renvironmental law, if you know it Date of notice | Number Street | | | | | | |
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| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Sovernmental unit Governmental unit Environmental law, if you know it Date of notice Number Street Number Street | art 10: Give Details | About Environr | mental Information | | | | |
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Debtor 1 Wayne R. Baxter Case number (if known) Case number (if known)

| Have you notified any governmental unit | of any release of hazardous materia | al? | |
|--|---|---|--------------------------------------|
| ☑ No ☑ Yes. Fill in the details. | | | |
| | Governmental unit | Environmental law, if you know it | Date of notice |
| Name of site | — Course manufal unit | | |
| | Governmental unit | | |
| Number Street | Number Street | | |
| | City State ZIP Code | | |
| City State ZIP Code | _ | | |
| ave you been a party in any judicial or a | ndministrative proceeding under any | y environmental law? Include settlements | s and orders. |
| ☑ No ☑ Yes. Fill in the details. | | | |
| - res. rin in the details. | Court or agency | Nature of the case | Status of the case |
| Case title | _ | | _ |
| | Court Name | | Pending On appea |
| | Number Street | | ☐ Conclude |
| Case number | City State ZIP Co | do | |
| Within 4 years before you filed for bankru A sole proprietor or self-employe A member of a limited liability con A partner in a partnership | d in a trade, profession, or other ac mpany (LLC) or limited liability parti | ave any of the following connections to a tivity, either full-time or part-time | ny business? |
| □ An officer, director, or managing□ An owner of at least 5% of the voi | | arta ii | |
| No. None of the above applies. Go to | | ation | |
| Yes. Check all that apply above and f | | | |
| Business Name | Describe the nature of the busines | • • | n number Security number or ITIN. |
| Dusiness Name | | EIN: | |
| Number Street | Name of accountant or bookkeepe | Dates business existed | i |
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| City State ZIP Code | _ | | |
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Wayne R. Baxter Debtor 1 First Name Middle Name **Employer Identification number** Describe the nature of the business Do not include Social Security number or ITIN. **Business Name** Number Street Dates business existed Name of accountant or bookkeeper From _____ To ____ City ZIP Code State 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ☑ No. ☐ Yes. Fill in the details below. Date issued Name MM / DD / YYYY Number Street City State ZIP Code **Part 12:** Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. s/Wayne R. Baxter s/Kendall J. Baxter Signature of Debtor 2 Signature of Debtor 1 Date 17 August 2016 Date 17 August 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? Nο Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☑ No. ☐ Yes. Name of person_ Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Alliance One Receivables Management, Inc 4850 Street Rd. Suite 300 Trevose, PA 19053

Allied Interstate LLC GE Capital Retail Bank PO Box 4000 Warrenton, VA 20118

Alpine Bank & Trust 1700 N. Alpine Rd. Rockford, IL 61107

Alpine Bank & Trust 1700 North Alpine Rd Rockford, IL 61107

Avant 222 N. LaSalle St. Suite 1700 Chicago, IL 60601

Bankcard Services PO Box 4477 Beaverton, OR 97076-4477

Capital One 15000 Capital One Dr. Richmond, VA 23238

Chase PO Box 15298 Wilmington, DE 19850

CitiCards CBNA 701 E. 60th St. N Sioux Falls, SD 57104

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CitiCards CBNA/The Home Depot 701 E. 60th St. N Sioux Falls, SD 57104

Discover Financial SVCS, LLC P.O. Box 15316 Willmington, DE 19850

Equifax
Attn: Bankruptcy Dept.
PO BOX 740241
Atlanta, GA 30374

Experian
Atten: Bankruptcy Dept.
PO BOX 2002
Allen, TX 75013

Lending Club 71 Stevenson St. Suite 300 San Francisco, CA 94105

Synchrony Bank/"R" US Credit Services Attn: Bankruptcy Department PO Box 965061 Orlando, FL 32896-5061

Synchrony Bank/Discount Tire (Attn: Bank Attn: Bankruptcy Department PO Box 965061 Orlando, FL 32896-5061

Transunion
Attn: Bankruptcy Dept.
PO BOX 1000
Chester, PA 19022

United Recovery Systems, LP PO Box 722929 Houston, TX 77272-2929

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Wells Fargo Financial National Bank PO Box 660553 Dallas, TX 75266-0553 Case 16-81965 Doc 1 Filed 08/17/16 Entered 08/17/16 11:42:43 Desc Main Document Page 59 of 60

B2030 (Form 2030) (12/15)

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS

| [n | re Wayne R. Baxter and Kendall J. Baxter | |
|----|--|--|
| | - | Case No |
| De | ebtor | Chapter 13 |
| | DISCLOSURE OF COMPENSATION | N OF ATTORNEY FOR DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 named debtor(s) and that compensation paid to me with bankruptcy, or agreed to be paid to me, for services rencontemplation of or in connection with the bankruptcy | in one year before the filing of the petition in dered or to be rendered on behalf of the debtor(s) in |
| | For legal services, I have agreed to accept | \$ <u>4,000.00</u> |
| | Prior to the filing of this statement I have received | \$ <u>1,000.00</u> |
| | Balance Due | \$ 3,000.00 |
| 2. | The source of the compensation paid to me was: | |
| | Debtor Other (specify) | |
| 3. | The source of compensation to be paid to me is: | |
| | Debtor Other (specify) | |
| 4. | X I have not agreed to share the above-disclosed members and associates of my law firm. | compensation with any other person unless they are |
| | I have agreed to share the above-disclosed commembers or associates of my law firm. A copy of the people sharing in the compensation, is attached. | npensation with a other person or persons who are not the agreement, together with a list of the names of the |
| 5. | In return for the above-disclosed fee, I have agreed to recase, including: | ender legal service for all aspects of the bankruptcy |
| | Analysis of the debtor's financial situation, and ref file a petition in bankruptcy; | ndering advice to the debtor in determining whether to |
| | b. Preparation and filing of any petition, schedules, st | atements of affairs and plan which may be required; |
| | Representation of the debtor at the meeting of cred hearings thereof; | itors and confirmation hearing, and any adjourned |

| B20 | | | | 5-819 030) (| | Doc | : 1 | Filed 08/17/16 Document | Entered 08/17/ Page 60 of 60 | 16 11:42:43 | Desc Main |
|-----|----|---|--------|--------------------|-------------------|---------|--------------------|----------------------------|---------------------------------|-----------------------------|-----------|
| | d. | P | lepres | sentati | o n of | the del | btor- i | n-adversary-proceed | ngs and other conteste | d- bankruptey-ma | tters;- |
| | e. | [| Other | provi | sions | as need | ded] | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtor in adversary proceedings and other bankruptcy matters.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 17, 2016

s/Laura L. McGarragan

Date

Signature of Attorney

McGarragan Law Corp.

Name of law firm